



SEP. 9. 2004

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7635146982 MEDTRONIC

NO. 2185 P. 3/4

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27581 7590 07/01/2004

MEDTRONIC, INC.
710 MEDTRONIC PARKWAY NE
MS-LC340
MINNEAPOLIS, MN 55432-5604

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Molly CHlebeck	(Depositor's name)
<i>Molly Chlebeck</i>	(Signature)
9-9-04	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/053.035	10/19/2001	Michael R. Ujhelyi	P-10158	1635

TITLE OF INVENTION: ARRANGEMENT AND SYSTEM FOR ENABLING PATIENT CONTROL OF ELECTRICAL THERAPIES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	10/01/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
BOCKELMAN, MARK	3762	607-006000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Girma Wolde-Michael2 Paul H. McDowall

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Medtronic, Inc.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Minneapolis, MN

Please check the appropriate assignee category or categories (will not be printed on the patent);

☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☐ Advance Order - # of Copies _____

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(Authorized Signature)

Paul H. McDowall (54,873)

(Date) 9 Sept 04

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09/10/2004 HALI22 00000052 132546 10053035

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02 FC:15041330.00 DA
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PTOL-85 (Rev. 11/03) Approved for use through 04/30/2004

FORM 651-1003

U.S. Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE

PAGE 7/8 * RCVD AT 9/9/2004 5:27:17 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-2/0 * DNIS:7464000 * CSID:7635146982 * DURATION (mm:ss):02:38



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NO. 2185 P. 1/4



Medtronic

Facsimile Cover Sheet

P-10158.00

To: Office of Publications

Company: U.S. Patent and Trademark Office

Phone:

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From: Paul H. McDowall

Company:  **Medtronic**

Phone: 763 514 3351

Fax: 763 514 6982

Date: September 9, 2004

**Pages including this
cover page:** 4

Comments: RE: P-10158.00

Attached please find the following documents:

- X Issue Fee Transmittal
- X PTOL FORM 85B
- X Fee Addressee for Receipt of PTO Notices Relating to Maintenance Fees

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7635146982 MEDTRONIC

NO. 2185 P. 2/4

DOCKET NO: P-10158.00

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

FEE TRANSMITTAL

In re Application of: Michael R. Ujhelyi et al.
For: ARRANGEMENT AND SYSTEM FOR ENABLING PATIENT CONTROL OF
ELECTRICAL THERAPIES
Serial No.: 10/053,335
Filed: October 19, 2001

CERTIFICATE OF MAILING UNDER 37 CFR 1.8: I hereby certify that this **FEE TRANSMITTAL** and the paper(s), as described herein, are being sent via facsimile No. (703) 746-4000 to the Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 9th day of September, 2004.

Molly Chlebeck
Signature

MOLLY CHLEBECK
Printed Name

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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- X Fee Transmittal
- X PTOL FORM 85B
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- X Please charge Deposit Account 13-2546 \$1,330.00 Issue Fee and \$300.00 publication fee for a Total of \$1,630.00.

- X Applicant believes that no extension of time is required. However, if an extension of time is required, please consider this a petition therefore to provide for the possibility that applicant has inadvertently overlooked the need for an extension of time and charge same to Deposit Account 13-2546.

Date

9 Sept. 04

Paul H. McDowall
Paul H. McDowall
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